APPLICATION FOR ADMISSION

(입학원서)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | First Name | | | | | | | | | Middle Name | | | | | | Last Name | | |
|  | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | |
| **DATE OF BIRTH** | | Click or tap to enter a date. | | | | | | | | | | | | **SEX** | | Choose an item. | | |
| **EMAIL ADDRESS** | | Click or tap here to enter text. | | | | | | | | | | | **CELLPHONE** | | | Click or tap here to enter text. | | |
| **ADDRESS** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
|  | | **CITY** | Click or tap here to enter text. | | | | | | | **STATE** | | Choose an item. | | | | | **ZIPCODE** | Click or tap here to enter text. |
|  | |  | | | | | | |  | | | | |  | |  | | |
| **PROGRAM OF STUDY** | | | | | Bachelor of Biblical Studies | | | | | | Master of Divinity | | | | AUDIT | | | |
| **PLAN TO START** | | | | | SPRING (January) | | SUMMER INTENSIVE | | | | | | | | | FALL (August) | | |
| **ACADEMIC HISTORY** | | | |  | |  | | | | | | | |  | |  | | |
| Name of School | | | | | | | | Admission Year | | | | | | | | GRADUATE YEAR | | |
| HIGH SCHOOL  Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | |
| COLLEGE, VOCATIONAL OR TECHNICAL SCHOOL ATTENDED  Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | |
| OTHER COLLEGE, EDUCATIONAL INSTITUTE ATTENDED  Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | |

**RELIGIOUS BACKGROUND**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WERE YOU BAPTIZED?** | | | YES NO | **IF ‘YES’, WHEN?** | Click or tap here to enter text. | | |  |
| **CHURCH’S NAME** | | Click or tap here to enter text. | | | **MINSTER’S NAME** | | Click or tap here to enter text. | |
| **ATTENDING CHURCH** | Click or tap here to enter text. | | | | **DENOMINATION** | Click or tap here to enter text. | | |

**CHURCH SERVICE**

|  |  |  |
| --- | --- | --- |
| NAME OF CHURCH | PART/ POSITION | PERIOD |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**RESUME**

|  |  |  |
| --- | --- | --- |
| NAME OF COMPANY | PART/ POSITION (담당/직위) | PERIOD (기간) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**FAMILY MEMBER WHO WILL COME INTO THE UNITED STATES (미국 입국시 동반 가족)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | NAME ON PASSPORT | GENDER | DATE OF BIRTH |
| SPOUSE | Click or tap here to enter text. | | M F | Click or tap here to enter text. |
| CHILD | Click or tap here to enter text. | | M F | Click or tap here to enter text. |
| CHILD | Click or tap here to enter text. | | M F | Click or tap here to enter text. |
| CHILD | Click or tap here to enter text. | | M F | Click or tap here to enter text. |

I certify that all statements are true to the best of my knowledge.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TODAY’S DATE: | DAY/ | MONTH/ | YEAR | SIGNATURE |  |
|  | Click or tap here to enter text. | | |  |  |

**NON-DISCRIMINATORY POLICY:**

KPCA Northwestern Presbyterian Theological Seminary does not discriminate on the basis of gender, race, national or ethnic origin, handicaps, or age in administration of its educational policies, admissions policies, financial aid programs, athletics, and other all administered programs.

A Written Oath

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | First Name | | | Middle Name | | | | Last Name | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | |
| **DATE OF BIRTH** | | Click or tap to enter a date. | | | | | **SEX** | Choose an item. | | |
| **EMAIL ADDRESS** | | Click or tap here to enter text. | | | | **CELLPHONE** | | Click or tap here to enter text. | | |
| **ADDRESS** | | Click or tap here to enter text. | | | | | | | | |
|  | | **CITY** | Click or tap here to enter text. | **STATE** | Choose an item. | | | | **ZIPCODE** | Click or tap here to enter text. |
| **Program** | | **Bachelor of Biblical Studies** **Master of Divinity** | | | | | | | | |

I make an oath to abide by all policy of school and make the best effort to learn about the program I take, recognizing the purpose of establishment of KPCA NWPTS as well as living with Christian faith and ethics. Also I do live godly, not making seminary dishonored as a student. I will be punished by School Policy if I violate it or break an oath.

|  |  |
| --- | --- |
| Date: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name | Click or tap here to enter text. | Signature |  |

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RECOMMENDATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: KPCA NWPTS | | | | | | | | |  | | | | |
| NAME OF STUDENT: | | | | | Click or tap here to enter text. | | | | | | | | |
| **CONTENTS OF RECOMMENDATION** | | | | | | | | |  | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | |
| NAME OF RECOMMENDER: | | | | | | | Click or tap here to enter text. | | | | | | |
| RECOMMENDER’S EMAIL: | | | | | | Click or tap here to enter text. | | | | | | | |
| NAME OF CHURCH: | | | | Click or tap here to enter text. | | | | | | | | | |
| ADDRESS OF THE CHURCH: | | | | | | | | Click or tap here to enter text. | | | | | |
|  | CITY: | | Click or tap here to enter text. | | | | | | STATE | Click or tap here to enter text. | | ZIPCODE | Click or tap here to enter text. |
| CONTACT NO. | | Click or tap here to enter text. | | | | | | | CELLPHONE | | Click or tap here to enter text. | | |

|  |  |
| --- | --- |
| Date: | Click or tap here to enter text. |

SIGNATURE OF RECOMMENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(This Recommendation should be given to an applicant with it in an envelope)**

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**KPCA NORTHWESTER PRESBYTERIAN THEOLOGICAL SEMINARY**

17529 15TH AVE NE SHORELINE, WA 98155

TEL. 206-819-7734 EMAIL: [office@nwpts.org](mailto:office@nwpts.org) or [nwpts2007@gmail.com](mailto:nwpts2007@gmail.com)

**Requirements for Processing I-20**

International students who are admitted into a degree program at KPCA NWPTS will need to obtain a Certificate of Eligibility (Form I-20) in order to enter and/or remain in the U.S. as an F-1 student. This requirement applies both to international students coming from abroad and those transferring from another U.S. university or institution.

For KPCA NWPTS to issue you a Form I-20, you will need to submit:

1. Fully completed Application Requirements for Admission at KPCA NWPTS
2. Fully completed I-20 Request Form, (3 pages) including the signatures of both you (the student) and your sponsor/sponsors
3. A copy of the picture page from your passport and dependents passports.
4. Family registration certificate showing the names and relationships of the student to the dependents.
5. Required Supporting Documentation for Financial Support such as bank certification letters on bank letterhead, from you or your sponsor, issued no earlier than three months of the date you intend to begin your studies.
6. Fully completed Transfer Release Form if you are a transfer student.
7. Non-refundable I-20 Processing fee of $200 payable to “KPCA NWPTS” in a form of cashier’s check
8. Non-refundable I-20 Shipping fee of $45 payable to “KPCA NWPTS” in the form of casher’s check.

**I-20 Request Form**

KPCA NWPTS requires I-20 Request Form and financial information from each applicant who is in F-1 status or will be obtaining an F-1 visa. This form can be emailed to KPCA NWPTS office. You must include a copy of your passport identification page.

1. **Enter your name EXACTLY as it appears on your passport:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: | Click or tap here to enter text. | | | Middle Name: | Click or tap here to enter text. | |
| Last Name: | Click or tap here to enter text. | | |  |  | |
| Date of Birth: | | Click or tap here to enter text. | | SEX: | Male Female | |
| Country of Birth: | | | Click or tap here to enter text. | Country of Citizenship: | | Click or tap here to enter text. |

1. **Current Country of Citizenship Address:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: | Click or tap here to enter text. | | | | |
| City: | Click or tap here to enter text. | State: | Click or tap here to enter text. | Zip code: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | Phone No.: | Click or tap here to enter text. | |

1. **Do you currently live in the U.S.? if yes, please give us your local address (US Post Office Box is not accepted)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: | Click or tap here to enter text. | | | | |
| City: | Click or tap here to enter text. | State: | Click or tap here to enter text. | Zip code: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | Phone No.: | Click or tap here to enter text. | |

1. **Degree Applied for at KPCA NWPTS:**

|  |  |
| --- | --- |
| Level of Education (Check One) | Bachelor of Biblical Studies Master of Divinity |

1. **Reason for I-20 (Please check appropriate box):**

|  |
| --- |
| Requesting new I-20 from abroad(currently not in U.S.)  Change of status from Click or tap here to enter text. to F-1.  Please check: apply within the U.S. apply outside of the U.S.  Lost or stolen document  Extension of Program  Bringing dependents to USA  Transfer student, SEVIS number: NClick or tap here to enter text.  Currently on OPT and my EAD card expires on Click or tap here to enter text.  Change in Program |

1. **Financial Support:**

**All applicant obtaining F-1 visa status must show proof of finances for 1 academic year. Please indicate below how you will pay for your studies. The total documented amount must equal or exceed the total estimated program costs, plus all applicable dependent costs.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check all that apply** | | **Amount in US dollar** | | **Required Supporting Documentation** |
| **My own personal funds** | | **$**Click or tap here to enter text. | | **Bank certification letter** |
| **Parent’s and/or sponsor’s funds** | | **$**Click or tap here to enter text. | | **Sponsor’s bank certificate letter and letter of commitment** |
| **Home government funds** | | **$**Click or tap here to enter text. | | **Organization sponsorship letter** |
| **Other** | | **$**Click or tap here to enter text. | | **Attach official documentation** |
| **Marital Status:** | **Single** | | **Married, Unaccompanied** | **Married with dependents** |
|  | |  | |  |

1. **Dependents’ Information (Only fill out if you want dependents to apply F-2 status)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Name** | **First Name** | | | **Middle Name** | | | **Last Name** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Date of Birth:** | | Click or tap here to enter text. | | | **Relationship:** | | Click or tap here to enter text. |
| **Country of Birth:** | | | Click or tap here to enter text. | | | **Citizenship:** | Click or tap here to enter text. |
| **2. Name** | **First Name** | | | **Middle Name** | | | **Last Name** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Date of Birth:** | | Click or tap here to enter text. | | | **Relationship:** | | Click or tap here to enter text. |
| **Country of Birth:** | | | Click or tap here to enter text. | | | **Citizenship:** | Click or tap here to enter text. |
| **3. Name** | **First Name** | | | **Middle Name** | | | **Last Name** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Date of Birth:** | | Click or tap here to enter text. | | | **Relationship:** | | Click or tap here to enter text. |
| **Country of Birth:** | | | Click or tap here to enter text. | | | **Citizenship:** | Click or tap here to enter text. |
| **4. Name** | **First Name** | | | **Middle Name** | | | **Last Name** |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Date of Birth:** | | Click or tap here to enter text. | | | **Relationship:** | | Click or tap here to enter text. |
| **Country of Birth:** | | | Click or tap here to enter text. | | | **Citizenship:** | Click or tap here to enter text. |

**I understand that the SEVIS I-20 is only a “certificate of eligibility” for F-1 status and the mere issuance of the I-20 by a DSO does not grant F-1 status itself.**

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap here to enter text. |
| Student’s Signature |  | Date (mm/dd/yyyy) |

**KPCA NORTHWESTER PRESBYTERIAN THEOLOGICAL SEMINARY**

17529 15TH AVE NE SHORELINE, WA 98155

TEL. 206-819-7734 EMAIL: [office@nwpts.org](mailto:office@nwpts.org) or [nwpts2007@gmail.com](mailto:nwpts2007@gmail.com)